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UNITED STATES BANKRUPTCY COURT
DISTRICT OF _____

IN RE: NANCY JANE HERTZFELD } CASE NUMBER: 17-12388
} }
} JUDGE
} }
DEBTOR. CHAPTER 11

DEBTOR'S MONTHLY OPERATING REPORT (INDIVIDUAL)
FOR THE PERIOD

FROM OCT 1 TO OCT 31

Comes now the above-named debtor and files its Monthly Operating Report in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

Dated: 11/25

MARK FRANKEL
Attorney for Debtor

Debtor's Address
and Phone Number:

190 E 78TH ST #E
NY NY 10075
Tel. 212 288-0309

Attorney's Address
and Phone Number:

Bar No. _____
Tel. _____

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program website,
<http://www.justice.gov/ust/r20/index.htm>

- 1) Instructions for Preparation Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs)

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SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

Case Name:	<u>ANNA M. HERTZFELD</u>
Case Number:	<u>17-12388</u>

Note: The information requested below is a summary of the information reported the various Schedules and Attachments contained within this report.

	Month <i>Oct 2018</i>	Cumulative <i>Total</i>
CASH- Beginning of Month (Household)	484.44	
CASH- Beginning of Month (Business)	3023.06	
Total Household Receipts	0	
Total Business Receipts	3757.09	
Total Receipts	3757.09	
Total Household Disbursements	470.64	
Total Business Disbursements	2896.79	
Total Disbursements	3367.43	
NET CASH FLOW (Total Receipts minus Total Disbursements)	391.66	
CASH- End of Month (Individual) <i>STATEMENT THRU 11/2</i>	-50.85	
CASH- End of Month (Business)	3782.46	

CALCULATION OF DISBURSEMENTS FOR UNITED STATES TRUSTEE QUARTERLY FEES

TOTAL DISBURSEMENTS (From Above)	3767.43	
Less: Any Amounts Transferred or Paid from the Business Account to the Household Account (i.e., Salary Paid to Debtor or Owner's Draw)	484.44	
DISBURSEMENTS FOR U.S. TRUSTEE FEE CALCULATION		

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief

This _____ day of _____, 20____

Debtor's Signature

**SCHEDULE OF HOUSEHOLD
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative
	Total	
CASH - Beginning of Month	484.44	484.44
CASH RECEIPTS	OCTOBER	
Salary or Cash from Business	PAID FROM BUSINESS (300.00)	
Wages from Other Sources (attach list to this report)		
Interest or Dividend Income		
Alimony or Child Support		
Social Security/Pension/Retirement		
Sale of Household Assets (attach list to this report)		
Loans/Borrowing from Outside Sources (attach list to this report)		
Other (specify) (attach list to this report)		
TOTAL RECEIPTS	0	
CASH DISBURSEMENTS		544.29
Alimony or Child Support Payments		
Charitable Contributions		
Gifts		
Household Expenses/Food/Clothing	PAID FROM BUS. (800.00)	
Household Repairs & Maintenance		
Insurance	64.95	
IRA Contribution		
Lease/Rent Payments	(300.00)	
Medical/Dental Payments	PAID FROM BUS. 115.84	
Mortgage Payment(s)		
Other Secured Payments		
Taxes - Personal Property		
Taxes - Real Estate		
Taxes Other (attach schedule)		
Travel & Entertainment		
Tuition/Education		
Utilities (Electric, Gas, Water, Cable, Sanitation)	(200.00)	
Vehicle Expenses		
Vehicle Secured Payment(s)		
U. S. Trustee Quarterly Fees	325.00	
Professional Fees (Legal, Accounting)		
Other (attach schedule)		
PAID LATE FEE		38.50
Total Household Disbursements	DIRECT PAYMT 544.29	
	INDIRECT PAYMT (1300.00)	
CASH - End of Month (Must equal reconciled bank statement- Attachment No. 2)	-59.85	

**SCHEDULE OF BUSINESS
CASH RECEIPTS AND CASH DISBURSEMENTS**

	Month	Cumulative
	OCTOBER	Total
CASH - Beginning of Month	3023.00	
BUSINESS CASH RECEIPTS		
Cash Sales	1707.09	
Account Receivable Collection		
Loans/Borrowing from Outside Sources (attach list to this report)		
Rental Income		
Sale of Business Assets (attach list to this report)		
Other (specify) (attach list to this report) Soc Sec	1987.00	
NYS TAX REFUND	63.00	
Total Business Receipts	3759.09	
BUSINESS CASH DISBURSEMENTS		
Net Payroll (Excluding Self)		
Salary Paid to Debtor or Owner's Draw (e.g., transfer to Household Account) FOR HOUSE-HOLD	1300.00	
Taxes - Payroll		
Taxes - Sales		
Taxes Other (attach schedule) BS FILING FEES	25.00	
Contract Labor (Subcontractors) OCT 15	1620.00	
Inventory Purchases		
Secured/Lease Payments (Business) (STOK/FIERS)	213.00	
Utilities (Business)	290.69	
Insurance	29.00	
Vehicle Expenses	100.00	
Travel & Entertainment	250.00	
Repairs and Maintenance	150.00	
Supplies	80.00	
Charitable Contributions/Gifts		
Purchase of Fixed Assets		
Advertising		
Bank Charges		
Other (attach schedule)		
Total Business Disbursements	2997.69	
CASH - End of Month (Must equal reconciled bank statement - Attachment No. 2)	3782.46	

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MONTHLY OPERATING REPORT -
INDIVIDUAL

ATTACHMENT NO. 1

QUESTIONNAIRE		
	YES	NO
1. Have any assets been sold or transferred outside the normal course of business during this reporting period?		✓
2. Have any funds been disbursed from any account other than a debtor in possession account?	✓	
3. Are any post-petition receivables (accounts, notes, or loans) due from any relatives, insiders, or related party?	✓	
4. Have any payments been made on pre-petition liabilities this reporting period?	✓	
5. Have any post-petition loans been received by the debtor from any party?		✓
6. Are any post-petition payroll taxes past due?		✓
7. Are any post-petition state or federal income taxes past due?		✓
8. Are any post-petition state or local sales taxes past due?		✓
9. Are any post-petition real estate taxes past due?		✓
10. Are any amounts owed to post-petition creditors/vendors delinquent?		✓
11. Are any wage payments past due?		✓

*If the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

INSURANCE INFORMATION		
	YES	NO
1. Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?	✓	
2. Are all premium payments current?	✓	

*If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION OF INSURANCE				
TYPE of POLICY	AND	CARRIER	Period of Coverage	Payment Amount and Frequency
HOME OWNERS	"	THE HERTZFIELD	7/1/18 - 7/1/19	360.00/mo
AUTO	"	"	6/1/18 - 2/1/19	10 / mo

Check here if United States Trustee has been listed as a Certificate Holder on all policies of insurance.

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Plan of Reorganization and Disclosure Statement: _____

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MONTHLY OPERATING REPORT -
INDIVIDUAL

ATTACHMENT NO. 2

BANK ACCOUNT RECONCILIATIONS

Bank Account Information	Account #1	Account #2	Account #3	Account #4
Name of Bank:	CHASES	M + T		
Account Number:	899 474589	986-489 9072		
Purpose of Account (Business/Personal)	BUS	PERS		
Type of Account (e.g. checking)	CHECKING	CHECKING		
1. Balance per Bank Statement	10000.00	10000.00		
2. ADD: Deposits not credited (attach list to this report)				
3. SUBTRACT: Outstanding Checks (attach list)				
4. Other Reconciling Items (attach list to this report)	10000.00	10000.00		
5. Month End Balance (Must Agree with Books)	3787.46	-57.85		\$ 3729.61
TOTAL OF ALL ACCOUNTS				

Note: Attach a copy of the bank statement and bank reconciliation for each account.

Investment Account Information	Date of Purchase	Type of Instrument	Purchase Price	Current Value
Bank / Account Name / Number				

Note: Attach a copy of each investment account statement.

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JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

00085653 DRE 802 143 30518 YNNNNNNNNNN T 1 000000000 64 0000
ENJAY CONSULTING LLC
170 E 78TH ST APT 9E
NEW YORK NY 10075-0488

September 29, 2018 through October 31, 2018
Account Number:

CUSTOMER SERVICE INFORMATION

Web site:	Chase.com
Service Center:	1-800-242-7338
Deaf and Hard of Hearing:	1-800-242-7383
Para Espanol:	1-888-622-4273
International Calls:	1-713-262-1679



00085653 DRE 802 143 30518 YNNNNNNNNNN T 1 000000000 64 0000

CHECKING SUMMARY

Chase BusinessClassic

	INSTANCES	AMOUNT
Beginning Balance		\$3,023.06
Deposits and Additions	9	3,757.09
Checks Paid	7	-1,120.99
ATM & Debit Card Withdrawals	10	-789.58
Electronic Withdrawals	2	-1,087.12
Ending Balance	28	\$3,782.46

Your monthly service fee was waived because you had at least 5 debit card purchases during the statement period.

DEPOSITS AND ADDITIONS

DATE	DESCRIPTION	AMOUNT
10/01	Purchase Return 09/29 Tjmaxx #0761 Bridghampton NY Card 1437	\$163.30
10/01	Purchase Return 09/30 Bloomys 001 1000 T New York NY Card 1437	70.00
10/12	Deposit 1810031381	900.00
10/15	Purchase Return 10/14 T J Maxx #1185 New York NY Card 1437	185.08
10/15	Purchase Return 10/14 T J Maxx #1185 New York NY Card 1437	184.65
10/23	Purchase Return 10/23 T J Maxx #1185 New York NY Card 1437	139.98
10/24	SSA Trans 310 Xxsoc Soc 160329149A SSA PPD ID: 9031736013	1,987.00
10/25	Purchase Return 10/25 Bloomys 001 1000 T New York NY Card 1437	64.08
10/30	Deposit 1800778918	63.00
Total Deposits and Additions		\$3,757.09

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September 29, 2018 through October 31, 2018

Account Number:

DAILY ENDING BALANCE

DATE	AMOUNT	DATE	AMOUNT	DATE	AMOUNT
10/01	\$3,003.77	10/12	3,268.41	10/23	1,668.38
10/02	2,974.77	10/15	3,101.50	10/24	3,655.38
10/04	2,915.38	10/16	2,785.50	10/25	3,719.46
10/09	2,595.38	10/22	1,698.38	10/30	3,782.46
10/10	2,393.41				

SERVICE CHARGE SUMMARY

TRANSACTIONS FOR SERVICE FEE CALCULATION	NUMBER OF TRANSACTIONS
Checks Paid / Debits	13
Deposits / Credits	3
Deposited Items	1
Transaction Total	17
SERVICE FEE CALCULATION	AMOUNT
Service Fee	\$0.00
Service Fee Credit	\$0.00
Net Service Fee	\$0.00
Excessive Transaction Fees (Above 0)	\$0.00
Total Service Fees	\$0.00

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-664-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC

M&T Bank

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FOR INQUIRIES CALL: (800) 724-2440

000000784 FIDS1549D01711071811 01 001000

NANCY JANE HERTZFELD
DEBTOR IN POSSESSION
170 E 78TH ST
APT 9E
NEW YORK NY 10075

00 000541M NM 017

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ACCOUNT TYPE	
EZCHOICE CHECKING	
ACCOUNT NUMBER	STATEMENT PERIOD
	OCT.06-NOV.07.2018
BEGINNING BALANCE	\$484.44
DEPOSITS & CREDITS	0.00
LESS CHECKS & DEBITS	544.29
LESS SERVICE CHARGES	0.00
ENDING BALANCE	(\$59.85)

INTEREST EARNED FOR STATEMENT PERIOD

\$0.00

MADISON SOUTH

ACCOUNT SUMMARY

BEGINNING BALANCE	DEPOSITS & OTHER CREDITS (+)		CHECKS PAID		OTHER DEBITS (-)		CURRENT INTEREST PD	ENDING BALANCE
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT		
\$484.44	0	\$0.00	7	\$470.64	2	\$73.65	\$0.00	(\$59.85)

ACCOUNT ACTIVITY

POSTING DATE	TRANSACTION DESCRIPTION	DEPOSITS & OTHER CREDITS (+)	WITHDRAWALS & OTHER DEBITS (-)	DAILY BALANCE
10/06/2018	BEGINNING BALANCE			\$484.44
10/12/2018	CHECK NUMBER 0235		16.77	
10/12/2018	CHECK NUMBER 0236		40.74	
10/12/2018	CHECK NUMBER 0238		18.63	408.30
10/15/2018	CHECK NUMBER 0234		29.80	378.50
10/16/2018	CHECK NUMBER 0239		24.76	353.74
10/18/2018	CHECK NUMBER 0237		14.94	338.80
10/23/2018	CHECK NUMBER 0240		325.00	13.80
11/01/2018	THE HARTFORD NTAARPIVRA		35.15	(21.35)
11/02/2018	INSUFFICIENT FUNDS FEE-THE HARTFORD NTAARPIVRA		38.50	(\$59.85)
	ENDING BALANCE			

CHECKS PAID SUMMARY

CHECK NO.	DATE	AMOUNT	CHECK NO.	DATE	AMOUNT	CHECK NO.	DATE	AMOUNT
234	10/15/18	29.80	237	10/18/18	14.94	239	10/16/18	24.76
235	10/12/18	16.77	238	10/12/18	18.63	240	10/23/18	325.00
236	10/12/18	40.74						

OVERDRAFT AND NSF FEE SUMMARY

	TOTAL FOR THIS STATEMENT CYCLE	TOTAL FOR CALENDAR YEAR-TO-DATE	TOTAL FOR PRIOR CALENDAR YEAR
TOTAL INSUFFICIENT FUNDS (NSF) FEES	\$0.00	\$0.00	\$0.00
TOTAL OVERDRAFT FEES	\$38.50	\$38.50	\$0.00

Total Insufficient Funds (NSF) Fees include per item fees charged when we return an item unpaid because there are not sufficient funds in the account to cover the item. Total Overdraft Fees include per item fees charged when we pay an item that overdraws the account as well as any Extended Overdraft Fees charged to the account.

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M&T Bank

FOR INQUIRIES CALL: (800) 724-2440

000002937 FIDS1549D01710051810 01 001000

NANCY JANE HERTZFELD
DEBTOR IN POSSESSION
170 E 78TH ST
APT 9E
NEW YORK NY 10075

00 0 00541M NM 017

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ACCOUNT TYPE	
EZCHOICE CHECKING	

ACCOUNT NUMBER	STATEMENT PERIOD
	SEP.08-OCT.05.2018

BEGINNING BALANCE	\$14.24
DEPOSITS & CREDITS	500.00
LESS CHECKS & DEBITS	29.80
LESS SERVICE CHARGES	0.00
INTEREST EARNED	\$484.44

INTEREST EARNED FOR STATEMENT PERIOD \$0.00

MADISON SOUTH

ACCOUNT SUMMARY

BEGINNING BALANCE	DEPOSITS & OTHER CREDITS (+)		CHECKS PAID		OTHER DEBITS (-)		CURRENT INTEREST PD	ENDING BALANCE
	NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT		
\$14.24	1	\$500.00	1	\$29.80	0	\$0.00	\$0.00	\$484.44

ACCOUNT ACTIVITY

POSTING DATE	TRANSACTION DESCRIPTION	DEPOSITS & OTHER CREDITS (+)	WITHDRAWALS & OTHER DEBITS (-)	DAILY BALANCE
09/08/2018	BEGINNING BALANCE			\$14.24
09/12/2018	DEPOSIT	\$500.00		\$514.24
09/18/2018	CHECK NUMBER 0233		\$29.80	484.44
	ENDING BALANCE			\$484.44

CHECKS PAID SUMMARY

CHECK NO.	DATE	AMOUNT	CHECK NO.	DATE	AMOUNT	CHECK NO.	DATE	AMOUNT
233	09/18/18	29.80						